

## REISSUE PATENT APPLICATION TRANSMITTAL

EU 807896779 US

<b>Address to:</b>  <b>Assistant Commissioner for Patents</b> <b>Box Reissue</b> <b>Washington, DC 20231</b>	<b>Attorney Docket No.</b>	1125
	<b>First Named Inventor</b>	Graydon E. Beatty
	<b>Original Patent Number</b>	6,240,307
	<b>Original Patent Issue Date</b> (Month/Day/Year)	05/29/2001
	<b>Express Mail Label No.</b>	EU807896779US

## APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

## APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)  
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☒ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No  
(If Yes, check applicable box(es))
  - ☒ Written Consent of all Assignees (PTO/SB/53)
  - ☒ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i ☐ CD-ROM (2 copies) or CD-R (2 copies); or
    - ii ☐ paper
  - c. ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

10. ☐ Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
11. ☒ Original U.S. Patent for surrender
  - ☒ Ribbioned Original Patent Grant
  - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119) (if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
14. ☐ English Translation of Reissue Oath/Declaration (if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
17. Other: \_\_\_\_\_  
Offer to Surrender Original U.S. Patent

17513 U.S. PTO  
10/706484

111203

## 18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)



Correspondence address below

<b>Name</b>	Beck & Tysver, P.L.L.C.		
<b>Address</b>	2900 Thomas Avenue S., Suite 100		
	<b>Zip Code</b>	55416	
<b>City</b>	Minneapolis	<b>State</b>	MN
		<b>Fax</b>	612-915-9637
<b>Country</b>	US	<b>Telephone</b>	612-915-9633

<b>NAME</b> (Print/Type)	Robert C. Beck	<b>Registration No. (Attorney/Agent)</b>	28,184
<b>Signature</b>	<i>Robert C. Beck</i>	<b>Date</b>	11/12/03

## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)  
1125

## Claims as Filed - Part 1

Claims in Patent	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
			Rate	Fee	Rate	Fee	
(A) 19	(B) 19	****0 =	x \$ _____ =	0.00	or	x \$ _____ =	
(C) 3	(D) 3	* 0 =	x \$ _____ =	0.00		x \$ _____ =	
Total Claims (37 CFR 1.16(j))							
Independent claims (37 CFR 1.16(i))							
Basic Fee (37 CFR 1.16(h))				\$ 385.00			
Total Filing Fee				\$ 385.00		OR \$	

## Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 19	MINUS	** 20	* 0	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	*** 3	MINUS	**** 3	0	x \$ _____ =		x \$ _____ =	
Total Additional Fee					\$ 0.00		OR \$	

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims.

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☒ Applicant claims small entity status. See 37 CFR 1.27.☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 500-246.  
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 385.00 to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**4/12/03  
Date

Signature of Applicant, Attorney or Agent of Record

Robert C. Beck

Typed or printed name